## Maryland Board of Pharmacy Public Meeting Minutes

Date: October 20, 2010

Name	Title	Present	Absent	Present	Absent
Bradley-Baker, L.	Commissioner	Х		3	1
Chason, D.	Commissioner	Х		3	1
Finke, H.	Commissioner	Х		4	0
Gavgani, M. Z.	Commissioner	Х		2	0
Handelman, M.	Commissioner	Х		4	0
Israbian-Jamgochian, L.	Commissioner/Treasurer	Х		4	0
Matens, R.	Commissioner	Х		4	0
Souranis, M.	Commissioner//President	Х		4	0
St. Cyr, II, Z. W.	Commissioner	Х		3	1
Taylor, D.	Commissioner	Х		4	0
Taylor, R.	Commissioner/Secretary	Х		3	1
Zimmer, R.	Commissioner	Х		3	1
Bethman, L.	Board Counsel	Х		4	0
Gibbs, F.	Board Counsel	Х		4	0
Banks, T.	MIS Manager	Х		4	0
Gaither, P.	Administration and Public Support Manager	Х		4	0
Jeffers, A.	Legislation/Regulations Manager	Х		3	1
Naesea, L.	Executive Director	Х		4	0
Waddell, L.	Executive Secretary	Х		4	0

Subject	Responsible		Action Due Date	Board Action
	Party	Discussion	(Assigned To)	
I. Executive	A. M.	Members of the Board with a conflict of interest relating to any item on		
Committee Report(s)	Souranis, Board President	the agenda are advised to notify the Board at this time or when the issue is addressed in the agenda.		
	President	1. M. Souranis called the Public Meeting to order at 9:27 a.m.		
		<ol> <li>M. Souranis requested all meeting attendees to introduce themselves and to remember to sign the guest list before leaving the meeting. M. Souranis asked guest to (Please indicate on sign-in sheet if you are requesting CE Units for attendance).</li> <li>M. Souranis reported that guest will be given packets of materials so that they can follow meeting discussions. He requested that all guest return their draft packets before they leave the meeting</li> <li>M. Souranis asked all members of the Board with a conflict of interest relating to any item on the agenda to notify the Board at this time or when the issue is addressed in the agenda.</li> <li>Review &amp; Approval of Minutes of September 15,, 2010 a. Page 2 Section 2b change to "League for disability". b. Page 5, Section C, change to "Janet Seeds Board of Pharmacy".</li> <li>c. Page 7, Section E. change to "Grandfathered status". d. Page 8, Section C, change to "engage and Board and PEAC". e. Page 16, Section III, Item 3a add "M. Handelman seconded the motion".</li> </ol>	5. Motion: D. Taylor made a motion to approve the September minutes as amended.	5. Board Action: The Board voted to approve the minutes.

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		f. Page 24, Section IV, Item B, change to "change labeling on single dose packaging".	R. Zimmer seconded the motion.	
		6. M. Souranis appointed D. Chason and H. Finke as liaisons for PEAC committee.		
II. Staff Operations Report (s)	A. L. Naesea, Executive Director	<ol> <li>L. Naesea reported on the following Operations Updates</li> <li>The Board currently has 6 vacancies. The Board has received approval to recruit for three (3) positions and the other 3 positions are awaiting State freeze exemptions. Keisha Wise is on maternity leave and the Board is awaiting a temp to fill her position.</li> <li>Meeting Updates         <ol> <li>The Board met with stakeholders regarding physician dispensing on 09/30/2010. The Board of Physicians, Division of Drug Control, and the Laboratory Administration.</li> <li>A Drug Therapy Management meeting scheduled for October 13, 2010 was canceled by the Board of Physicians which sent a letter of concerns regarding the Joint Committee review process. A draft response be prepared for Board review.</li> </ol> </li> </ol>		
	B. P. Gaither, APS Manager	<ol> <li>P. Gaither reported the following:         <ul> <li>The Board is awaiting the receipt of resumes for the Pharmacy Inspector position.</li> <li>Three pharmacists have submitted applied for the Pharmacist Compliance Officer position. P. Gaither reported that - those candidates were screen by the DHMH Department of Human Resources and interviews are being scheduled.</li> <li>The contract for help desk staffing has been extended for another 6 months.</li> </ul> </li> <li>The. Gantack will be working g with Systems Automation on the project. The contract was sent to the contract office. We will begin contracting before our next meeting.</li> <li>The contract for the newsletter needs to be re-worked.</li> </ol>		
		4. Public Relations Committee Report:		

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	- uny	a. J. Seeds is working with T. Banks on email addresses for pharmacists. Email addresses will be requested on all forms. L. Bradley-Baker will make comments on the Board's Continuing Education (CE) Breakfast b. L. Bradley-Baker reported that the CE Breakfast was held on October 3, 2010 at the Radisson at Cross Keys. The event entailed two and one half hours on topics related to Medical Marijuana, the Prescription Drug Repository Program, the P3 Program, Pharmacist consulting, and Drug Therapy Management. Staff and Board members present included, L. Naesea, P. Gaither, J. Seeds, A. Page, N. Dupye, D. James, M. Souranis, A. Jeffers, L. Bradley-Baker, R. Zimmer, H. Finke, R. Taylor, D. Taylor, R. Mates, L. Bradley-Baker publicly thanked Janet Seeds for a job well done.  4. Emergency Preparedness Task Force Update-Report by D. Taylor Approval of DHMH Emergency Protocol and Board Letter  D. Taylor announced that after 6 ½ years of effort, the protocols were finally approved by DHMH. If there would be an emergency event, the protocols allow the Governor to pick from the listed actions. The protocols allow the Governor to pick from the listed actions, those that would become a part of an executive order. It could allow pharmacist to dispense without a prescription, make therapeutic substitutions, omit some labeling requirements, operate a pharmacy where the Board approves, and bring pharmacists, and technicians from out of state as long as they are certified and licensed. The protocol was reviewed by Fran Phillips, Deputy Secretary and Secretary Colmers.  D. Taylor thanks the Board for supporting the long process.  Don Taylor will ask Fran Phillips if the protocol may be posted on the website.  L. Naesea acknowledged and thanked Don Taylor, Task Force Members and current and past Board members for their hard work.	(Addigned 19)	
	C. T. Banks, MIS Manager	T. Banks reported on the following Unit Updates  a. The Board wiil assign a team of Board members and staff to consider all the new automation project factors and help avoid pitfalls. Team members will include R. Matens, M. Gavgani, R. Taylor, Z. St. Cyr L. Naesea, T. Banks and M. Hsu. T. Banks will send out the statement of work to the team and asked that the team begin to brainstorm ideas for addressing the various project phases.		
	D. L. Naesea,	PEAC Update - T. Tomassello reported on PEAC's recent CE		

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	Acting Compliance Manager	program and the "Two Paths of Resolution" flowchart for clients that enroll in PEAC's program. PEAC is available to reach out to pharmacists and technicians to help with rehabilitation before they enter the Board formal disciplinary process.		
	E. A. Jeffers, Rgs/Lgs.	Status of Proposed Regulations – A. Jeffers reported on the status of the following regulations and future regulations.		
	Manager	a. 10.34.03 Inpatient Institutional Pharmacy		
		Submitted for publication on October 4, 2010.		
		b. 10.34.20 Format of Prescription Transmission		
		Effective October 4, 2010		
		c. 10.34.25 Delivery of Prescriptions		
		Submitted for publication on August 4, 2010.		
		d. 10.34.28 Automated Medication Systems		
		Re-proposal submitted for publication on September 24, 2010.		
		e. 10.34.35 Home Infusion Pharmacy Services		
		Proposal to be released for informal comment.		
		d. 10.13.01 Dispensing of Prescription Drugs by a Licensee		
		A meeting was held with representatives from the stakeholder Boards per direction from Wendy Kronmiller on September 30, 2010. Wendy will schedule another meeting in the future.		
		A. Jeffers summarized the meeting and R. Taylor and H. Finke described how the Board of Physicians, Division of Drug Control and the Laboratory Administration walked out of the meeting. Some consensus was reached regarding inspections with the Board of Podiatric Medical Examiners and the Board of Dental Examiners. They are amenable to inspections, so long as it would not hinder practitioners obtaining an initial dispensing permit.		

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		2. Status of Proposed Legislation		
		a. Legislative Proposal submitted to the Office of Governmental Affairs on July 14, 2010: Health Occupations - Pharmacy – Licensure of Pharmacists		
		b. Legislative Proposal completed - to the Office of Governmental Affairs on August 20, 2010: Health-General – Prescription Drug Repository Program – Disposal		
		c. Meeting with Senator Carter Conway scheduled for December.		
		d. Met with Chairman Hammen on October 15, 2010. Anna Jeffers reported that Mike Sourains, Rodney Taylor and she met with Chairman Hammen, Linda Stahr and Patrick Dooley to discuss possible sponsors for legislation: 1) to license any pharmacist practicing pharmacy in Maryland including those working at non-resident pharmacies, PBMs and insurance companies; and 2) to expand the purpose of the Prescription Drug Repository Program to include disposal. Chairman Hammen would like additional information on other states that require licensure of out of state pharmacists and also information on PBMs. Chairman Hammen liked the expansion of the Prescription Drug Repository Program and will look for a sponsor for us.		
III. Committee Reports	A. R. Zimmer, Chair, Practice Committee	Review of Draft Regulations     a. 10.34.23 Pharmaceutical Services to Patients in  Comprehensive Care Facilities	1a. Motion was made to approve the re-proposal as	1. a. Board Action: The Board voted to approve the
		10.34.23v4_9794_1 Reproposal 100410	presented:	motion.
			seconded: Don	
		Board approval was sought for adding clarification for labeling of blister cards to the re-proposal. The re-proposal will be submitted as soon as possible.		
		b. CLIA – Approve Letter with Board Comments.  Draft email to Michael Wajda concerning teaching pharm & Lab fees	1b. Motion: seconded: Tabled back to Practice to draft	1b. Board Action: The Board voted to approve the motion.

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		Thank you for the Labs Administration's September 27, 2010 response to the concerns of the Board of Pharmacy. The Board applauds your efforts to craft regulations that address pharmacists performing CLIA waived tests in Maryland.	an article to send to Michael Wajda for clarification.	
		The Board has some additional concerns that the Board hopes you would address. In your response to the Board's 4th concern you mentioned that training and counseling patients for self-testing on the patient's own instrument is not considered the operation of a laboratory. In the community pharmacy, the patient often asks the pharmacist to perform the test for the patient so that the patient can learn how to perform the test themselves. When a pharmacist is teaching or assisting an individual patient to use a testing device (e.g., glucometer, etc.) for self-testing and the pharmacist is performing the test for the patient, please confirm that since this is <u>not</u> considered to be a "laboratory" a State laboratory license or CLIA certificate is not required.  Additionally, please confirm that the Labs Administration will not require community pharmacists, who only perform waived CLIA tests in order to teach patients how to perform self testing, to apply for and pay a fee for a CLIA waiver certificate. The legislation that was withdrawn during the last session		
		did not include the imposition of fees.  2. Draft Response Letters  a. Mary Caldwell, City Pharmacy of Elkton		
		Ownership of the physical hard-copy rx in assisted living		
		<u>Transfers - Assisted Living facilities &amp; ownership of rx 072710</u> Email Re ownership of the physical hard-copy prescription assisted living 092210	2a. Motion: Moved to accept the letter with one revision. Add the word	2a. Board Action: The Board voted to approve the motion.
		The Board of Pharmacy would like to provide additional follow-up information to the response sent to you on July 27, 2010.	"information" in the first sentence.	
		When an assisted living facility, or long term care facility, decide to change pharmacy vendors there is a standard of practice that is usually followed so that the transition is safe and runs smoothly for the residents of the facility. Once the decision is made to switch to another pharmacy the facility sends a notice to its residents that the facility will be changing pharmacy vendors. Residents may choose to use the pharmacy vendor selected by the assisted living facility or any pharmacy of their choice.	Seconded; D. Chason	

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	ranty	Before the switch to the new pharmacy vendor, the new pharmacy vendor sends in a team of employees to make copies of the residents' orders so that they may be verified with each resident's physician. The orders are used to dispense medications when the changeover is complete. After the team obtains copies of the existing orders, any new orders are sent to both the old and new pharmacies so that the new pharmacy will have the most current prescribing information on each resident for the date of the changeover.  On the date of the change over, the new pharmacy team goes to the facility and goes through the medication cart to make sure that all the appropriate ordered medications are on hand. The new pharmacy supplies any medications that are missing.	(Assigned 10)	
		This transition process is routinely performed so that there is an orderly change over from one pharmacy to another.		
		b. George Garmer, Halethorpe Pharmacy		
		Request for clarification of COMAR 10.34.05		
		Email - Request for clarification of COMAR 10.34.05		
		Thank you for contacting the Maryland Board of Pharmacy concerning COMAR 10.34.05.02C(2)(d) which states "A pharmacy shall be equipped with an inventory management and control system that protects against, detects and documents any instances of theft, diversion or counterfeiting." You asked if this means that you would have to start perpetual inventories for the controls at each of my stores.		
		Please be advised that a perpetual inventory is not required, so long as your software tracks the drugs into, out of, and within the pharmacy so the pharmacist can identify the location of inventory at any time.	2b. Motion: Moved to accept the letter Seconded: M. Handelman	2b. Board Action: The Board voted to approve the motion.
		c. Wan-Chih Tom, Pharmacist's Letter/Prescriber's Letter		
		State Regulations on Generic Substitution Update (MD)		
		Email - State Regs - Generic Substitution Update (MD)		
		Dear Wan-Chih Tom:		
		Thank you for contacting the Maryland Board of Pharmacy requesting an		

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		update of generic substitution information specific to Maryland for the Pharmacist's Letter/Prescriber's Letter's chart of "State Regulations on Generic Substitution". Below you will find responses to your inquiries:		
		1) Does your state require substitution with an AB-rated generic (Orange Book)?	2c. Motion: Moved	
		Yes.	to accept the letter Seconded:	2c. Board Action: The Board voted
		2) If not, what are the requirements for generic substitution in your state?	H. Finke	to approve the motion.
		N/A		
		3) If a doctor writes generically for a drug with multiple brand names, is there anything in your state law that would prohibit a pharmacist from selecting the generic version that is to be dispensed?		
		No, so long as the generic medication is AB rated.		
		3. Letters for Board Approval		
		a. Robin Abrams and Ann Rule, Purdue Pharma		
		Letter		
		Protocol		
		Bottle Tracker Agreement Final- Signed by FDA		
		Letter from Md Bd of Pharm to Purdue Pharma		
		b. All Carter, Walgreens		
		Records - electronic - stickerless 082610		
		Records - electronic - stickerless 083110		
		<u>Letter Records - electronic - stickerless 092210</u>		
		Thank you for contacting the Maryland Board of Pharmacy to address the Board's concerns regarding implementation of Walgreens stickerless program. You described Walgreen's current process for "non-scannable" prescriptions where the prescription is presented to the pharmacist, who first verifies that it		
		is a valid prescription. The pharmacist is then responsible for the		

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		interpretation of the prescription and clearly and legibly re-writing the prescription on a Walgreens prescription blank that is scanned into our system. The re-written prescription is attached to the original prescription and stored with all other physical hardcopy prescriptions for 7 years. You noted that less than 1% of prescriptions received at drop off are non-scannable. All prescriptions will continue to be stored following current procedures and are readily retrievable upon request by inspector/auditor.  Under your explanation above, Walgreen's process of determining prescription validity with pharmacist interpretation and scanning complies with Maryland law, so long as the original prescription is stored appropriately. The Board's concern was who determined the legibility of the prescription and you have assured the Board that task is performed by a pharmacist.	3a. Motion:  Moved to Closed Session Agenda	3a. Board Action: The Board voted to approve the motion.
		c. Rosanne Barto, Omnicare  Omnicare - auto disp systems in LTC – Barto		
		Letter Auto Med Systems - in LTC – 092210  Thank you for contacting the Maryland Board of Pharmacy requesting an affidavit from the Board stating that NeighborCare pharmacy is authorized by COMAR 10.34.28 Automated Medication Systems, to operate an automated dispensing system in a long term care facility. This request was made in order to comply with federal regulations and to obtain a separate DEA registration for NeighborCare Pharmacy at the Brightwood Nursing Center Location in Timonium, Maryland.	3b. Motion: Moved to accept the letter Seconded: D. Taylor	3b. Board Action: The Board voted to approve the motion.
		Please be advised that the Board does not issue affidavits, however; any licensed pharmacy in Maryland may operate an automated medication system so long as it complies with COMAR 10.34.28 Automated Medication Systems.  For your information COMAR 10.34.28 is in the promulgation process with revisions to comply with recent legislation. The initial proposal was published in 36:25 Md. R. 1965 - 1969 (December 4, 2009) and a re-proposal is anticipated to be published this fall. Please monitor the Maryland Register to read the re-proposal at <a href="https://www.dsd.state.md.us">www.dsd.state.md.us</a>		
		d. Robert Brower, RxRemote Solutions  Remote Order Entry		

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	. urty	Letter remote order entry 092210  You indicated in your e-mail that remote order entry would be performed by a pharmacist at a licensed site in the State of Illinois. The order would be sent from a hospital in Maryland to a RxRemote Solutions facility in Illinois and a staff pharmacist in Illinois would enter the order for the hospital in Maryland. The order will be verified for the correct dosing, drug-drug interactions, allergies, and pharmacokinetics. The order is then entered into the Maryland hospital's program so the nurse can then remove the medication from an automated machine.  Remote order entry is not specifically addressed in Maryland law and regulations, yet is allowed in Maryland under certain conditions. If RxRemote Solutions is accepting an original prescription order from a Maryland hospital for data entry, verification and drug utilization review (DUR), then RxRemote Solutions would be regulated in two ways:  1) RxRemote Solutions may be a Maryland licensed non-resident pharmacy with pharmacists licensed in the state where the non-resident pharmacy is licensed performing data entry, verification and DUR; or  2) RxRemote Solutions may be anywhere in the United States or U.S. Territories that is not a pharmacy, so long as the pharmacist performing data entry, verification and DUR is a Maryland licensed pharmacist.	3c. Motion: Moved to accept the letter Seconded: D. Taylor	3c. Board Action: The Board voted to approve the motion.
			3d. Motion: Moved to accept the letter Seconded: D. Chason As amended	3d Board Action: The Board voted to approve the motion.

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	B.D. Chason, Chair, Licensing Committee	D. Chason recommended the following Technician Training     Programs:     a. Howard County Community College-Program only	1a. Motion: Licensing Committee Seconded. R. Taylor	1a. Board Action: The Board voted to approve the motion.
		b. Tesst College-was recommended to the Board that pharm techs had taken the program and test but Tesst College was only originally approved for the program only. The Board has drafted a letter to Tesst asking that they resubmit their exam before it can be approved.	1b. Motion: Licensing Committee Seconded: D. Taylor	1b. Board Action: The Board voted to approve the motion.
		C.Tesst believes that there are 60 graduates that did not take the test. The Board will send a notification to the graduates that they have 90 days to take the test or their license will be revoked.	1c. Motion: Licensing Committee Seconded: D. Chason	1c. Board Action: The Board voted to approve the motion.
		d. Forrest Training Program	1d. Motion: R. Matens Seconded: D. Chason	1d. Board Action: The Board voted to approve the motion.
		2. Draft Repository Inspection Form	2. Tabled back to Licensing Committee	2. Board Action: The Board voted to approve the motion.
		3. State Licensing Servicing Letter to MD BOP 12oct10	3. Tabled back to Licensing Committee	3. Board Action: The Board voted to approve the motion.
		4. D. Chason recommended the following Pharmacist Applicants:	4. a Motion: Licensing	4a. Board Action:

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		a. Melvin Friedman- Pharmacist requesting waiver of (2) Live CE's. Licensing Committee recommends requiring applicant to obtain Live Web CE's and explain that as long as the CEs are listed as 'live' (web or otherwise) they are acceptable. Not waive the requirements	Committee Seconded R. Zimmer	The Board voted to approve the motion.
		b. Aslam Moosa- Pharmacist requesting waiver of reinstatement fee. Licensing Committee recommends denial of request.	4b. Motion: Licensing Committee Seconded: R. Zimmer	4b. Board Action: The Board voted to approve the motion.
		c. Shahrzad Movafagh- Pharmacist requesting waiver of reinstatement fee. Licensing Committee recommends denial of request.	4c. Motion: Licensing Committee Seconded: D. Chason	4c Board Action: The Board voted to approve the motion.
		d. Tahani Wanis- Applicant requesting waiver of partial FPGEC's requirement (Toefl). Licensing Committee recommends denial of request and that the Board recommend that applicant to re-apply and meet all requirements.	4d. Motion: Licensing Committee Seconded: H. Finke	4d Board Action: The Board voted to approve the motion.
		5. Licensing Committee recommends that the Board withdraw Berlitzs and used NABP pre screening oral competency exam until the Board finds another company. NABP does not offer a pre screening test.	5a. Motion: Licensing Committee made a motion to no longer use Berlitz for English proficiency Seconded: R. Matens	
			5b. Tabled back to Licensing Committee for further discussion.	5b. Board Action: The Board voted to approve the motion.
	C. Bradley- Baker, Chair, Public	Committee Updates  The Maryland Pharmacy Coalition voted to support the incorporation of clinic and long term care settings as part of the DTM allowable protocols.		

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	Relations Committee	They have been collecting evidence to go to the legislature regarding their efforts to get more DTM protocols approved.	,	
	D. L. Israbian- Jamgochian, Chair Disciplinary Committee	Committee Updates: L. Israbian-Jamgochian attended the NABP District I & II meeting in Cooperstown, NY. Where they discussed the proposed agenda for the National meeting in 2011.		
IV. Other Business	A. M. Souranis	None		
	B. Board Member Updates	M. Handelman reported that the Office of Health Care Quality have provided a list of medications that can be purchased in bulk for Long Term Care Facilities only, not Assisted Living. Under certain conditions, a nurse in the long term care facility can act as an agent.		
	B. FYI	October CE Programs at University of Maryland School of Pharmacy     DEA Issues Policy Statement on Role of Agents in Communicating CS     New Board Member Orientation on Monday, November 8, 2010. Z. St. Cyr has volunteered to present the Consumers Board members'		
V. Adjournment	M. Souranis, Board President	perspective at the orientation.  The Public Meeting was adjourned at 11:53 A.M.  B. At 12:45 P.M. M. Souranis convened a Closed Public Session to conduct a medical review of technician applications.	Motion: R. Matens made a motion to close the Public Meeting and open a	Board Action: The Board voted to approve the motion.
		C. The Closed Public Session was adjourned at 1P.M. Immediately thereafter, M. Souranis convened an Administrative Session for purposes of discussing confidential disciplinary cases. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Administrative Session.	Closed Public Meeting.  H. Finke seconded the motion.	